IRCT Basic Course Application

1   Fill out the sections below according to course requirements. This is a fillable-PDF; please type information and use drop down lists where possible.

2   Include with your application documentation of successful completion of prerequisites (IS-100, IS-200, IS-700, IS-800).

3   Send your completed application and prerequisite documentation to ASPR by e-mail: TELL_Training@hhs.gov   or   fax: 202-690-7154

❖ NDMS intermittent employees who want to take this course must do so on their own time.   Salary funding is not available.

Course Name: IRCT Basic Online

Course Date:

Name:

Address: ☐ **Work**   ☐ **Home**

Street:

City: **State:**   **ZIP:**

Deployment Team: _____

☐ **Civilian/GS**   **Grade:**   **Step:**

☐ **Commissioned Corps**   **Rank:**   **PHS#:**

Organization: ☐ **HHS**   ☐ **Other:** _____

OPDIV / Division:

Job Title:

E-mail: ☐ **Work**   ☐ **Personal**

Please provide as many as possible, at least one required:

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Applicant's Signature: **Date:**